



Early and periodic screening, diagnosis and treatment FAQ

Who can conduct early and periodic screening, diagnosis and treatment (EPSDT) screenings?

According to the Cabinet for Health Services Department for Medicaid Services EPSDT manual (907 KAR 1:034 §2(2)), “An EPSDT clinic or other organization qualified to provide a screening service, including a local health department, shall be under the direction of a licensed physician, pediatric advanced registered nurse practitioner, or registered professional nurse currently licensed by the state of Kentucky who shall be responsible for assuring that the requirements of participation are met and that the procedures established by the Medicaid Program are carried out.”

Can blood lead screenings be done at nine months, or do you require adherence to the periodicity schedule, which indicates a screening at 12 and 24 months?

Lead screenings are recommended at 12 and 24 months; however, risk assessments should be conducted to determine if a screening should be done earlier. As always, guidelines are recommendations, but it remains at the discretion and judgment of the provider to determine the appropriate course of action.

Where can I get forms or information about the guidelines?

The American Academy of Pediatrics (AAP) Bright Futures program produces the guidelines and the periodicity schedule. The Centers for Disease Control and Prevention produces the immunization schedule. Providers may go to the website for forms, educational materials, and information related to children's preventive care. There may be a cost associated with some materials.

- <http://brightfutures.aap.org>
- http://brightfutures.aap.org/clinical_practice.html
- www.cdc.gov/vaccines/schedules/hcp/index.html

Early and periodic screening, diagnosis and treatment FAQ (cont.)

If a child comes in for a sick visit, but EPSDT services were also provided, can an EPSDT claim form and sick child claim be submitted for the same day?

We do not allow reimbursement for same-day sick and well care. Modifier EP and/or 25 must be billed with the applicable evaluation and management code for the allowed visit.

Will an annual well visit claim be paid?

Annual EPSDT visit claims beginning at 3 years of age are paid. Prior to 3 years, the frequency is based on the AAP periodicity schedule.

Does the health plan send out reminders encouraging members to seek EPSDT services? If so, how often?

Members are mailed an annual reminder containing all recommended preventive services due in the coming year. Members are also mailed a reminder to make an appointment with their doctor after an EPSDT service is 90 days past due. The reminder is only mailed once for each visit missed.

Why do I get a letter with a list of patients who are past due for EPSDT services but who have already had the screening or testing?

If the patient has already had the service, simply be sure a claim has been filed. The most common reasons for members to appear on the list if they have had the service are that the report was run prior to receiving the claim, the member had the service prior to enrolling in the plan, an unacceptable HEDIS® code was used for the claim or a claim has not been filed.

Why am I getting children on the list who are not my patients?

You receive the letter if a member on your panel is 90 days past due for EPSDT services. When you reach out to those members for an appointment and find they are seeing another provider, simply remind them to call us to correct their PCP information.



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